

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400439862

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: REBECCA HEIM
Phone: (720) 929-6361
Fax: (720) 929-7361

5. API Number 05-123-36760-00
6. County: WELD
7. Well Name: MELBON Well Number: 19N-W8HZ
8. Location: QtrQtr: SWNW Section: 17 Township: 2N Range: 65W Meridian: 6
Footage at surface: Distance: 2500 feet Direction: FNL Distance: 695 feet Direction: FWL
As Drilled Latitude: 40.139097 As Drilled Longitude: -104.694862

GPS Data:

Data of Measurement: 06/03/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 1911 feet. Direction: FNL Dist.: 996 feet. Direction: FWL

Sec: 17 Twp: 2N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2159 feet. Direction: FSL Dist.: 1082 feet. Direction: FWL

Sec: 8 Twp: 2N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/01/2013 13. Date TD: 04/17/2013 14. Date Casing Set or D&A: 04/14/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11684 TVD** 11675 17 Plug Back Total Depth MD 7194 TVD** 7194

18. Elevations GR 4954 KB 4970

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBM; MUD LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	16	1,057	435	0	1,057	
1ST	8+3/4	7+0/0	26	16	7,608	773	0	7,608	
1ST LINER	6+1/8	4+1/2	11.6	6618	11,684			11,684	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	7,091	6,985	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,147	7,180	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: REBECCA HEIM

Title: REGULATORY Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400439929	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400439928	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400439931	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400439934	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400439935	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400439936	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400439946	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400439947	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)